

AFFIDAVIT OF AMOUNT DUE

Agister's Lien Claimant(s)
Name, Address, and Phone

- vs. -

Defendant(s)
Name, Address, and Phone

STATE OF MONTANA)
 :SS
COUNTY OF GALLATIN)

_____, being first duly sworn upon oath, deposes
and says:

That s/he is the Agister's Lien Claimant, and the amount of the Agister's
Lien Claim is \$ _____, plus ongoing costs of _____

Due and owing by the defendant to the Agister's Lien Claimant(s).

Dated this _____ day of _____

Agister's Lien Claimant(s) signature(s)

SUBSCRIBED and SWORN to before me this _____ day of _____

{SEAL}

Notary Public for the State of Montana
Residing at: _____
My Commission Expires _____